Town of Cobleskill Planning Board PO Box 327 Cobleskill, NY 12043

APPLICATION FOR REVIEW AND APPROVAL OF SUBDIVISION PROPOSAL

Phone: (518) 234-1719

www.schohariecounty-ny.gov

Email: townclerk@townofcobleskill.org

 2) Is this parcel in the Water/Sewer District? □ Yes □ No 3) Is this parcel in the Agricultural District? □ No □ Yes - District # 4) Name or Identifying Title of Subdivision: 5) Owner of property for which Subdivision is being submitted: Name: Address: 	
4) Name or Identifying Title of Subdivision:5) Owner of property for which Subdivision is being submitted:Name:	
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5) Owner of property for which Subdivision is being submitted: Name:	
Name:	
Address:	
Phone / Fax: Email:	
4) Presenter: (Letter of Authorization if presenter is not owner)	
5) Licensed Land Surveyor or Engineer:	
Name:	
Address: Phone / Fax: Email: Location of Proposed Subdivision: Generally describe any easements or other property restrictions: (Please attach copy of a subdivision)	
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7) Generally describe any easements or other property restrictions: (Please attach copy of a	leed)
8) Write names and addresses of all adjoining landowners on back of application.	
9) Requested Exceptions. The Planning Board is hereby requested to authorize the following	owing
exceptions to or waivers of its regulations governing subdivision:	_
The undersigned hereby requests approval by the Planning Board of the above identif	
subdivision plot. I hereby acknowledge that I or my authorized agent have read this ap	pplication
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This application will expire one (1) year from the date of submission unless a written extension, which is

Approved: July 27, 2020

mutually agreed upon by owner and the Board, is submitted.